



# COMO WEST PUBLIC SCHOOL

Wolger Street, Como West 2226  
Phone: 9528 9007 Fax: 9528 3482

24 June 2022

Dear Parents/Carers,

## PSSA TERM 3 2022 WINTER SPORT

Your child \_\_\_\_\_ of class \_\_\_\_\_ has been chosen to represent our school at PSSA sport for Term 3 winter season in one of the following sports:

Girls soccer                       Boys Touch

(Soccer - all soccer players must wear soccer boots and shin pads)

(Touch Football - all players are required to wear football boots/grass sports specific shoes. Individual studs are to be no longer than 13mm in length - the measurement taken from the sole of the boot. Runners, sandshoes and shoes with screw-on studs or cleats are not to be worn by any player.

- The competition commences Friday, 29 July (Week 2 of Term 3) and runs for 7 rounds finishing on Friday, 9 September 2022.
- The teams will be departing from school by bus at 8.30am and return at approx 11.00am.
- There will be a break in Week 5, 19 August, for the Sutherland Zone Athletics Carnival.

**Permission note and signed Code of Conduct (attached) must be returned by Wednesday, 20 July 2022 in order for students to attend training and competition.**

The cost for PSSA this term is \$80.00. This includes bus travel to and from the fields, expenses associated with PSSA and maintenance of PSSA equipment. Payment can be made by cash, cheque, eftpos or POP (online). **Full payment must be received by Wednesday, 20 July 2022 for students to attend games.** If you require financial assistance, please make an appointment to see the Principal.

Regards,

**Felicity Young**  
Principal

**Lauren Buckley, Jesse Weigand and Courtney Dale**  
PSSA Coaches



**PSSA SPORT – PERMISSION - Return by Wednesday, 20 July to the office**

Child's Name \_\_\_\_\_ Class \_\_\_\_\_ Sport \_\_\_\_\_

I give permission for my child to participate in PSSA Term 3 Sport which involves travel by bus.  
I give permission for my child to receive medical treatment in case of an emergency.

My son/daughter has the following special needs \_\_\_\_\_  
Staff have been trained in emergency care.

I have enclosed \$80.00 **OR**  I have made an online payment. My receipt number is:  
\_\_\_\_\_ **OR**  please apply my Fees in Advance (credit)

Signed \_\_\_\_\_  
*Parent/Guardian*

Date \_\_\_\_\_